

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020178

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5374

FILED JUN 7 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in lb  
**4 years**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **St. Louis** Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **3811 Westminster**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**3811 Westminster** Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First **ARTHUR**

Middle

Last **BERGER**

4. DATE OF DEATH

Month **May**

Day **25**

Year **1962**

5. SEX

**male**

6. COLOR OR RACE

**white**

7. Married: ☒ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**5/30/1890**

9. AGE (last birthday)

**71 years**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**electrician**

10b. KIND OF BUSINESS OR INDUSTRY  
**electrical**

11. BIRTHPLACE (City and state or country)  
**St. Louis, Missouri**

12. CITIZEN OF WHAT COUNTRY  
**U. S. A.**

13a. FATHER'S NAME

**Ignatius Berger**

13b. MOTHER'S MAIDEN NAME

**Katherine Scherer**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**Yes WW I**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Carrie Miller - 1335 Veronica**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Myocardial Infarction**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**atherosclerosis & Bronchitis**

DUE TO (c)

**see above 420.1**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **beginning** to **5-25-62** and last saw him alive on **Apr 30, 1962**  
Death occurred at **St Louis 3811 Westminster** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Dr. A. Meisenbach** (Print or title)

22b. ADDRESS

**3903 Alver**

22c. DATE SIGNED

**5-28-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**removal**

23b. DATE

**May 31, 1962**

23c. NAME OF CEMETERY OR CREMATORY

**Sunset Burial Park**

23d. LOCATION (City, town, or county)

**St. Louis County**

(State) **Missouri**

24. FUNERAL DIRECTOR

ADDRESS

**BUCHHOLZ MORTUARY-5967 W. Florissant Ave**

25. DATE RECD. BY LOCAL REG.

**MAY 28 1962**

26. REGISTRAR'S SIGNATURE

**Joan Smith M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

2 **219**

3

4 **0**

5 **0**

6

7 **0**

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9

10

11

12 **90-0**

13

**90**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph C. Zindler

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.